



Please type or print legibly

Part 1: Business/Farm Account Information:

This section specifies the contact information for an operation. Should an animal health emergency occur, the individual(s) listed will be contacted for appropriate notification. This process is essential to protecting the industry from disease spread.

Business/Farm Name: _____

Business/Farm Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Phone number: _____ - _____ - _____ ext: _____ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Phone number: _____ - _____ - _____ ext: _____ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Primary Contact:

First name Middle name Last name

Phone number: _____ - _____ - _____ ext: _____ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Phone number: _____ - _____ - _____ ext: _____ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Secondary Contact*:

(** optional*) _____
First name Middle name Last name

Phone number: _____ - _____ - _____ ext: _____ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Phone number: _____ - _____ - _____ ext: _____ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Business Type: ☐ Individual ☐ Partnership ☐ Incorporated ☐ Limited Liability Corporation
(*check one*) ☐ Limited Liability Partnership ☐ Non-profit Organization

Operation Type: ☐ Farm/Producer Unit/Stable ☐ Clinic ☐ Exhibition site (show site) ☐ Laboratory
(*check all that apply*) ☐ Market/collection point ☐ Non-producer Participant ☐ Port of Entry
☐ Quarantine Facility ☐ Rendering ☐ Slaughter plant ☐ Tagging site

Business Account Login Information:

User Name: _____ (requires 8 to 12 characters)

Password: _____ (requires 8 to 12 characters)

E-mail address: _____ (*optional for confirmation purposes only*)

Producer/Contact Signature: _____ Date: _____

Authorized Agent: (*to be completed by authorized agents only*)

☐ None

Agent Name: _____ Date: _____

Agent Organization: _____

(Contact information will not be sold or given out by NAIS without your prior written consent.)

- **COMPLETE PREMISES INFORMATION ON BACK PAGE AND/OR ADDITIONAL PAGES FOR EACH PREMISE TO BE REGISTERED**

Part 2: Premises Information:

Complete a premise form for each noncontiguous location where animals are housed. Sites under the same management but separated by no more than a county road may be considered contiguous.

Premises name/description: _____ (example "home place", "heifer place")

Premises Address: Check if same as business/farm account mailing address ☐ (no P.O. Boxes)

OR (if not the same as business/farm mailing address)

Premise Physical Address (no P.O. Boxes): _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Primary Contact:

First Name *Middle name* *Last name*
Phone number: _____ - _____ - _____ ext: _____ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)
Phone number: _____ - _____ - _____ ext: _____ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Secondary Contact*:

(* optional) _____
First name *Middle name* *Last name*
Phone number: _____ - _____ - _____ ext: _____ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)
Phone number: _____ - _____ - _____ ext: _____ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Operation Type: ☐ Farm/Producer Unit/Stable ☐ Clinic ☐ Exhibition site (show site) ☐ Laboratory
(check all that apply) ☐ Market/collection point ☐ Non-producer Participant ☐ Port of Entry
☐ Quarantine Facility ☐ Rendering ☐ Slaughter plant ☐ Tagging site

Species at Premises: ☐ Cattle and Bison ☐ Swine ☐ Sheep ☐ Goats ☐ Horses ☐ Poultry
(check all that apply) ☐ Deer and Elk ☐ Llama ☐ Emu

Legal Land Description: _____
(required if no address) *Township* *Range* *Section*

GIS Coordinates: Latitude: _____ . _____ Longitude: - _____ . _____
(Optional)

If you have more than one premise (animal locations) please complete additional sheets.

Return forms to: Indiana State Board of Animal Health, 805 Beachway Dr. Ste. 50, Indianapolis, IN 46224
For questions, contact BOAH support: Phone: 317-227-0300 or email: animalID@boah.in.gov